

RETURN ADDRESS

7/21/2005 Page 1 of 2 3:24PM

Chicago Title 3110 Commercial Avenue, Ste 101 Anacortes, WA 98221 AE 10532

| | | CHICAGO TITLE CO. 1034097 |
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| | MANUFACTURED HO APPLICATION s a false statement of a material fact is guilt ion may be punished by a fine, imprisonme | PLEASE CHECK ONE ☑TITLE ELIMINATION ☐TRANSFER IN LOCATION ☐REMOVAL FROM REAL PROPERT |
| MANUFACTURED HOME | | |
| PO/PLATE NUMBER YEAR OS | MAKE LENGTHMIOTH(FEET) VE | EHICLE IDENTIFICATION NUMBER (VIN) |
| LAND | LEGAL D | DESCRIPTION ON PAGE _2 |
| MANUFACTURED HOME WII | LBE ☑ AFFIXED ☐ REMOVED | REAL PROPERTY TAX PARCEL NUMBER 3926-004-017-0008-P45918 |
| от ВLОСК 17 4 | PLAT NAME Holiday Hideaway N | SECTION/TOWNSHIP/RANGE |
| GRANTOR(S) REGISTER | ED/LEGALOWNER(S) ADDITIC | ONAL NAMES ON PAGE |
| COUNTY NUMBER | NUMBER OF REGISTERED OWNERS | NUMBER OF LEGAL OWNERS |
| NAME OF REGISTERED OWNER | 2 | 1 |
| Gerald F. Franc | is X/ | |
| IAME OF ADDITIONAL REGISTERED | | |
| Lorraine H. Fra | | |
| DDRESS 7552 Samis | | STATE ZIP CODE |
| <u> </u> | andx anacortes | WA 98221 |
| Golf Savings Ba | nk | 4. |
| AME OF ADDITIONAL LEGAL OWNER | | |
| DDRESS | СІТУ | STATE ZIP CODE |
| P.O. Box 5857 | Lynnwood | WA 98046 |
| GRANTEE | | The state of the s |
| AME | () | |
| Signature of Additional Registe | red Owner and Title, IF APPLICABLE red Owner and Title, IF APPLICABLE | erol Trun name A Francis |
| NOVARY SEAL OF TAMP | | FOR REGISTERED OWNER(S) SIGNATURE |
| SION COM | State of Washington Skagit | Signed or attested 6-20-2005 |
| NOT40 Z | 33311,31 | 9 1. VA. 100.00 |
| S a S | by Gerald F. Francis | Signature Sugn L. Charles N |
| OBLIC STATE | by Lorraine H. Francis | Evelyn L anderson |
| Or Was a Roll Harden | PHINT NAME OF REGISTERED OWNER | PRINTER NAME OF NOTARY |
| A STATE OF THE PARTY OF THE PAR | Title Wottry Public | AND: County/Office No. OR -25-2008 |
| TITLE COMPANY OF DATE | DEALERSHIP POSITION/AGENT/NOTARY | Notary Expiration Date |
| TITLE COMPANY CERTIFICATION THAT THE LEGISLA CERTIFICATION OF THE LEGISLA | of the land and ownership is true and correct p | per the real property records. |
| AME (TYPED OR PRINTED) | | OMPANY / PHONE NUMBER |
| EVELYN L. and | derson Chicago Tim | He Co (360)293-4664 |
| willing. Us | Iderson - Escrow as | usustant 7-1-0-5 If the date Title Company Representative signs |
| BUILDING PERMIT OFFIC | | V 11 |
| the mar | ufactured home has been affixed to the real pro- | operty as described. the attachment will be inspected upon completion. |
| AME (TYPED OR PRINTED) | BLDG PERMIT OFFICE/PHONE # - SKAFIT COUNTY PLANNING 3 | |
| GNATURE / POSITION | 1111 . +1 | 1 DAFE |
| 420-729 MANUF HOME APPL (R/8/99 | PR Page 1 of 2 | ancian vajzojos. |

| 6 SIGNATURE OF LEGAL OWNER |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| SIGNATURE OF LEGAL OWNER INDICATES CONSENT FOR ELIMINATION OF TITLE / REMOVAL FROM REAL PROPERTY |
| Signature of Legal Owner and Title, IF APPLICABLE |
| Signature of Additional Legal Owner and Title, IF APPLICABLE |
| NOTARY SEAL OR STAMP NOTARIZATION/CERTIFICATION FOR LEGAL OWNER(S) SIGNATURE |
| |
| NOTAR PUBLIC DAVIS S PLANSON Signature Country of STATE DE WASHINGTON BY DAVIS S PLANSON Signature |
| COMMISSION EXPIRES PRINT NAME OF LEGAL OWNER BANK LONG MIXEN |
| PRINT NAME OF LEGAL GIVEN PRINTED NAME/OF NOTARY County/Office No. OR |
| Title AND: Dealer No. OR DEALERSHIP POSITION/AGENT/NOT/ATY Notary Expiration Date 5/9/1 |
| 7 LAND DESCRIPTION (A legal description of the land can be obtained from the local County Assessor's Office |
| |
| Lot 17, Block 4, HOLIDAY HIDEAWAY NO. 1, according to the |
| plat recorded in Volume 8 of Plats, pages 36 through 42, |
| records of Skagit County, Washington |
| |
| |
| |
| |
| DEALER'S REPORT OF SALE I CERTIFY THAT THIS INFORMATION IS CORRECT. THE VEHICLE IS CLEAR OF ENCUMBRANCES EXCEPT AS SHOWN. |
| ANY REQUIRED SALES TAX HAS BEEN COLLECTED. |
| DEALER NAME (TYPED OR PRINTED) WA DEALER NUMBER DATE OF SALE |
| COACH COKKALLING 4378 5-13-05 PURCHASE PRICE TAX JURISDICTION/TAX RATE DEALER'S AUTHORIZED SIGNATURE |
| 98170 - 7.9 Linda Milhourn |
| USE TAX EXEMPT Sale to a Certified Tribal member on the reservation (attach notarized statement of delivery). |
| COUNTY AUDITOR/AGENT LICENSING OFFICE APPROVAL: (Not for use by Subagents) |
| certify that the above application appears to have been completed correctly, and the applicant has sufficient documentation to proceed wit he recording of this form. |
| NAME (TYPED OR PRINTED) COUNTY OFFICEIVES OPERATOR NUMBER |
| 4001500 thous GOLFOS // |
| DATE /21/05 |
| O TITLE FEES |
| ILING FEE APPLICATION MOBILE OME FEE ELIMINATION FEE USE TAX SUBAGENT FEES |
| TOTAL FEES & TAX |
| CONTRACTOR OF THE CONTRACTOR O |
| IMPORTANT: Once the application has been approved by the County Auditor / Vehicle Licensing Office, take your application form to the County Recording Office. Retain proof of the recording fees paid. If the Recording Office retains your original application form, obtain a certified copy of the recorded form. |
| APPLICANTS: Once recorded, you must return to a Vehicle Licensing office to file the Manufactured Home Application, paying all required fees. Vehicle licensing subagents charge a service fee. |
| For full instructions on completing this form for Title Flimination, Removal from Real Property |

The Department of Licensing har If you need special accommoda

or Transfer in Location, see form TD-420-730, Manufactured Home Application Instructions.

